

APPLICATION FOR PREVENTION SPECIALIST

Attached please find the Application for Prevention Specialist Certification. Please complete the application in its entirety. Do not leave information blank or attach separate sheets indicating “see attached”. Application deadlines are January 1 and July 1 of every year. Applications may be submitted at any time prior to the deadline. All requirements must be completed at the time of application for certification. Waivers will not be granted to complete courses or work experience requirements. Applications will be denied if there are any incomplete items in the application portfolio.

If you have completed work experience at more than one agency, please make a copy of the work verification form and send it to each agency for verification of all work experience hours.

Upon receipt of your application, you will receive verification from the CBADP indicating that we have received the application packet and notification of any missing items in your portfolio. All applications will be reviewed for acceptance after each application deadline. If your portfolio has been accepted, notification will be provided to you for the scheduling of the written examination. The written exam is administered the second Friday of March and the second Friday of September. Official written notification of the test results will be provided within 40 days of each testing date. The CBADP is unable to provide test results over the phone.

Upon successful completion of the portfolio review and written examination, applicants will be granted status as a Certified Prevention Specialist (CPS) and issued a certificate. All certified professionals are required to comply with the CBADP standards for recertification in order to maintain their certification status.

In the event that you are unable to meet the requirements for certification, or if you are unable to successfully complete the written examination, you will not be granted certification as a CPS. Insufficient experience or course work will require the applicant to re-apply for certification. Applicants failing the written examination will be required to submit the applicable re-testing fee and a letter of intent to re-test in the next immediate testing cycle.

The CBADP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

The CBADP will make special testing accommodations for individuals meeting the Americans with Disabilities Act (ADA) guidelines. Applicants must complete the form included in the application packet outlining the disability, the accommodations being requested, and provide a written statement from a licensed physician, psychiatrist, or psychologist regarding the disability. All decisions on special accommodations are made in consultation with the testing company.

If you have any questions concerning this application or the testing process, please contact the CBADP Administrative Office.

SEND COMPLETED APPLICATION TO:

CBADP
3101 West 41st Street, Suite 205
Sioux Falls, SD 57105

"Getting Ready to Test" Publications Order Form

The Distance Learning Center, LLC, is pleased to offer addiction counselor credentialing test candidates the following publications to help them study and pass the written examination. Use this form when placing orders by fax or by mail. Directions are found at the end of the order sheet. Information about the publication can be found on the website: www.readytotest.com. You can also order on-line.

Step 1 -- "Getting Ready to Test" Materials

_____ **Item #PV406 A Review & Preparation Manual for the Written Prevention Specialist Examination**
Cost: \$79 plus \$8 shipping/handling (Priority Mail) - \$87 total

Step 2 -- Personal and Payment Information - Be sure to enter all information requested.

PLEASE PRINT

Complete Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Daytime Phone Number: _____

Payment method: Check___ Money Order___

Credit Card: [☐] VISA [☐] American Express [☐] Discover [☐] MasterCard

Card Number: _____

Expiration Date: _____ / _____
(month) (year)

Order Total: _____

Step 3 -- Mail this form with payment (check, money order, credit card information) to:

Vic Shaw, DLC LLC
PO Box 29195
Santa Fe, NM 87592

Or fax this form with credit card information to: (801) 991-7081

IC&RC PREVENTION WRITTEN EXAM RESOURCES

Substance Abuse Prevention: The Intersection of Science and Practice

Authors: Julie Hogan, Kristen Reed Gabrielsen, Nora Luna, and Denise Grothaus

ISBN: 0-205-34162-4

www.ablongman.com

Allyn & Bacon

Can be purchased at Amazon.com

National Substance Abuse Specialist Training (SAPST): April 2006

CSAP's Western CAPT

Link: http://captus.samhsa.gov/western/resources/prevmat/sapst_pilot.cfm

The participant manual can be accessed, downloaded, and printed from this site.

Planning, Implementing, and Evaluating Health Promotion Programs: 3rd Edition

Authors: James F. McKenzie and Jan L. Smeltzer

ISBN: 0-205-31915-7

www.abacon.com

A Pearson Education Company

160 Gould Street

Needham Heights, MA 02494

Preventing Drug Abuse Among Children and Adolescents: 2nd Edition

National Institute on Drug Abuse

NH Publication No. 04-4212(B)

US Department of Health and Human Services

National Institute of Health

6001 Executive Boulevard

Bethesda, Maryland 20892

Also available in a smaller version: Preventing Drug Abuse Among Children and Adolescents (In Brief)

Resiliency: What We Have Learned

ISBN: 0-914409-18-2

Copyright 2004 West Ed

www.WestEd.org

Phone: 415-565-3000

Toll Free: 1-877-4WestEd

West Ed

730 Harrison Street

San Francisco, CA 94107-1242

Underage Drinking in the United States: A Status Report, 2004

The Center on Alcohol Marketing and Youth

Georgetown University

2233 Wisconsin Avenue, DC 20007

www.camy.org

Phone: 202-687-1019

Reducing Underage Drinking: A Collective Responsibility

National Research Council Institute of Medicine

Editors: Richard J. Bonnie and Mary Ellen O'Connell

ISBN: 0-309-08935-2

The National Academic Press

500 Fifth Street, NW

Lockbox 285

Washington, DC 20055

www.nap.edu

Phone: 800-624-6242

Fax: 202-334-3313

Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals

CADCA (Community Anti Drug Coalitions of America)

National Community Anti Drug Coalition Institute

www.coalitioninstitute.org

Phone: 1-800-54CADCA

Published 2006

Evaluation Primer: Setting the Context for A Drug-Free Communities Coalition Evaluation

Community Anti-Drug Coalitions of America (CADCA)

National Community Anti-Drug Coalition Institute

www.coalitioninstitute.org

Phone: 1-800-54CADCA

Published 2005

Issues & Ethics In The Helping Professions, 6th Edition

Authors: Gerald Corey and Marianne Schneider Corey

ISBN: 0-534-35615-x

Brooks / Cole

511 Forest Lodge Road

Pacific Grove, CA 93950 USA

www.brookscole.com

Thomson Learning Academic Resource Center

Phone: 1-800-423-0563

Finding The Balance: Program Fidelity and Adaptation in Substance Abuse Prevention

CSAP, June 2001

Pathways to Effective Programs and Positive Outcomes

US Department of Health & Human Services

www.samhsa.gov

June 2003

Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug Prevention Terms

CSAP, 1993

Critical Incidents: Ethical Issues In Prevention and Treatment

William C. White and Renee' Popovits

Application for Prevention Specialist Certification

A \$250.00 check or money order must accompany this application.

Submit to: CBADP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Fax: _____

Email: _____

Social Security #: _____ Birth date: _____

CURRENT EMPLOYMENT:

YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CURRENT JOB DESCRIPTION

Agency Name: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Name of CCDC or CPS Supervisor: _____

STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:
____ Female
____ Male

Ethnicity:
____ African American
____ American Indian
____ Asian/Pacific Islander
____ Caucasian
____ Hispanic/Latino
____ Other: _____

Educational/Academic Data

Official transcripts must be submitted for all education. If you have a college degree, you do not have to submit your high school transcripts.

High School Attended: _____

Date of Graduation: _____

GED: _____ Date: _____

Where Issued: _____

COLLEGE/UNIVERSITY:

Name	Location	Enrolled From	Enrolled To	Degree(s) Earned

SPECIALIZED EDUCATION DOCUMENTATION:

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall '95	B
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Foundations of Alcohol & Drug Prevention						
Theory & Practice of Alcohol & Drug Prevention						
Professional Ethics for the Addiction Professional*						

*Must include six (6) contact hours of ethics specific to prevention

Work Experience Documentation

All experience must be specific to Prevention. List all relevant experience, beginning with your current place of employment. Verification must be received for all experience.

Applicant's Name: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of Employment: From _____ To _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of Employment: From _____ To _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of Employment: From _____ To _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

(Duplicate page, if necessary)

Work Experience Verification

All experience must be verified. Make copies of this form and send to all agencies, employers, internship sites, etc. Complete the top section and send the form to them for completion.

The applicant listed below is applying for certification as a Prevention Specialist. Please verify the work experience for this individual and return this form directly to the Certification Board for Alcohol and Drug Professionals, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105. If the information is not correct, please make changes, initial, and mail with a copy of the person's written job description.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Dates of Employment: From _____ To _____

Was the experience Full Time: _____ Part Time: _____ Volunteer: _____

STOP HERE

THE FOLLOWING MUST BE COMPLETED BY THE AGENCY

I hereby attest that the above information is true and correct. This person was under supervision while working in the IC&RC Performance Domains.

Signature: _____

Name: _____

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Title: _____

Date: _____

Total **number of hours** of qualifying work experience: _____

All applicants for Prevention Certification must document 750 hours of practical training/experience in the following performance domains:

Domain 1: Planning and Evaluation

Use needs assessment strategies to gather relevant data for ATOD prevention planning.
Identify gaps and prioritize needs based on the assessment of community conditions.
Select prevention strategies, programs, and best practices to meet the identified needs of the community.
Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.
Identify resources to sustain prevention activities.
Identify appropriate ATOD prevention program evaluation strategies.
Conduct evaluation activities to document program implementation and effectiveness.
Use evaluation findings to determine whether and how to adapt ATOD prevention strategies.

Domain 2: Education and Skill Development

Develop ATOD prevention education and skill development activities based on target audience analysis.
Connect prevention theory and practice to implement effective prevention education and skill development activities.
Maintain program fidelity when implementing evidence-based programs.
Assure that ATOD education and skill activities are appropriate to the culture of the community being served.
Use appropriate instructional strategies to meet the needs of the target audience.
Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.
Identify, adapt, or develop instructor and participant materials for use when implementing ATOD prevention information.
Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

Domain 3: Community Organization

Identify the community's demographic characteristics and core values.
Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
Provide technical assistance to community members/leaders in implementing ATOD prevention activities.
Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
Assist in creating and sustaining community-based coalition.

Domain 4: Public and Organizational Policy

Examine the community's public policies and norms to determine environmental change needs.
Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms
Provide technical assistance, training, and consultation that promote environmental change.
Participate in public policy development and enforcement initiatives to affect environmental change.
Use media strategies to enhance prevention efforts in the community.

Domain 5: Professional Growth and Responsibility

Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.
Network with others to develop personal and professional relationships.
Adhere to all legal, professional, and ethical standards.
Build skills necessary for effectively working within the cultural context of the community.
Demonstrate self-care consistent with ATOD prevention messages.

The practical training/experience, practicum or internship opportunities teach the knowledge and skills for professional ATOD prevention. **A total of 750 hours must be documented with a minimum of 50 hours in each of the five domains.** Use the next page for your documentation, describing in detail where and how the experience was completed.

Supervised Practical Training Hours

Provide a description of your hours of supervised practical training/experience. You must document 750 total hours with a minimum of 50 hours in each domain and give specific examples of how you apply the principles in your professional practice.

Applicant's Name: _____

Supervisor's Name: _____

Agency where completed: _____

PLANNING AND EVALUATION	TOTAL HOURS:
--------------------------------	---------------------

Description:

EDUCATION AND SKILL DEVELOPMENT	TOTAL HOURS:
--	---------------------

Description:

COMMUNITY ORGANIZATION	TOTAL HOURS:
-------------------------------	---------------------

Description:

PUBLIC AND ORGANIZATIONAL POLICY	TOTAL HOURS:
---	---------------------

Description:

PROFESSIONAL GROWTH AND RESPONSIBILITY	TOTAL HOURS:
---	---------------------

Description:

I hereby certify that all of the above information is, to the best of my knowledge, true.

Signature of Supervisor

Date

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

☐

By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.

The Codes of Ethics can be viewed and/or printed at: www.dhs.sd.gov/brd/CBADP. Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted certification by the CBADP.

Signature of Applicant

Date

Authorizations and Releases

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

On the line below, please print your name the way you would like it to appear on your certificate:

Signature of Applicant

Date

PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS

The practice of alcohol, tobacco, and other drug prevention is based on shared knowledge, skills, and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client:

RESPONSIBILITIES

Prevention Specialists have a responsibility to maintain objectivity, integrity, and the highest standards in delivering prevention services. Prevention Specialists shall:

- Operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.
- Recognize their primary obligation to promote the health and well being of individuals, families, and communities in order to prevent chemical abuse and dependency.
- Recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.
- Be committed to upgrading their knowledge and skills through ongoing education and training.
- Understand and appreciate different cultures and demonstrate sensitivity to cultural differences in professional practices.

NON-DISCRIMINATION

The Prevention Specialist shall not discriminate against individuals, the public, or others in the delivery of services on the basis of race, color, gender, religion, national origin, ancestry, age or against persons with disabilities.

Prevention Specialists shall not engage in any behavior involving professional conduct that encourages, condones, or promotes discrimination; and, will strive to protect the rights of individuals.

ADHERENCE TO STATE AND FEDERAL LAWS AND RULES

Prevention Specialists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules. Prevention Specialists:

- Will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals.
- Shall not participate in, condone, or be an accessory to dishonesty, fraud, deceit, or misrepresentation.
- Will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations.
- Shall assume responsibility to report the incompetent and unethical practices of other professionals.

PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY:

Prevention Specialists shall have a responsibility to model and promote a healthy life style and well being by low risk or no use of alcohol, tobacco, and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound, mental health to prevent the impairment of professional judgment and performance. Prevention Specialists:

- Will not exhibit gross incompetence, unprofessional, or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers.
- Shall not fail to recognize the personal boundaries and limitations of their professional competence and practice by offering services beyond the scope of their personal competencies

or expertise.

- Will utilize resources for support, growth, and professional development.
- Will strive to maintain and promote the integrity of certification within the State of South Dakota, nationally and internationally, and the advancement of the Prevention Specialist Profession.

PUBLIC WELFARE

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally. Prevention Specialists:

- Will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional, or spiritual need.
- Shall accurately represent their qualifications and affiliations.
- Shall discontinue services when they are no longer appropriate and will refer the public to programs or individuals with the client's welfare as the primary consideration.
- Shall not impede an individual's access to competent, professional care.
- Will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy, and fairness.
- Will not promote personal gain or the profit of an agency or commercial enterprise of any kind.
- Will adhere to professional remuneration and financial arrangement practices and standards that safeguard the best interests of the public and profession.

PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets, or books.

Prevention Specialists will:

- Act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques, or people used in creating their opinions, papers, books, etc.
- Adhere to copyright laws and seek approval for the use of such materials.

PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUGS CONTINUUM OF CARE

Prevention Specialists will take the initiative to support, promote, and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment, and aftercare). Prevention Specialists:

- Shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use, and other drug abuse and addictions, promoting the well being of all human beings.
- Will actively participate in the public awareness of the effects of tobacco, alcoholism, and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services.

I hereby agree to the above Professional Codes of Ethical Conduct and will uphold and promote the integrity of the profession by adhering to and reporting violations of the preceding Codes of Ethical Conduct. I understand that violations of the principles will be grounds for disciplinary action and sanctions.

Signature of Applicant

Date

Examinee Request for Reasonable Testing Accommodations

Candidates requesting reasonable testing accommodations can complete this form, attach all appropriate documentation from a licensed physician, psychiatrist, or psychologist, and submit it with the application to CBADP 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105.

PERSONAL DATA:

Name: _____
First Middle Last Maiden

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Birth date: _____

Examination (s) for which you are requesting testing accommodations: _____

Name and title of Professional(s) whom diagnosed your disability/disabilities: _____

_____ Date(s) Diagnosed: _____

CURRENT DISABILITY (please mark all that apply):

_____ Visual Impairment
_____ Hearing Impairment
_____ Learning Disability
_____ Writing Disability
_____ Health Impairment
_____ Orthopedic Impairment
_____ Mental/Emotional Impairment
_____ Other (Please Specify) _____

Please describe the condition that is the basis for your request and the accommodations you wish to be made available:

Prior Testing Accommodations you have been granted for this disability:

Additional Examination Time _____ Yes _____ No (If yes, percent additional _____ %)
Separate Examination Location _____ Yes _____ No (If yes, where: _____)
Assistance _____ Yes _____ No (If yes, specify type of assistance _____)
Exam format Accommodations _____ Yes _____ No (If yes, please describe _____)
Other (please describe): _____

Accommodations were granted at: _____ Elementary School _____ High School
_____ Professional Program _____ College

PREVENTION SPECIALIST EVALUATION BY SUPERVISOR

INSTRUCTIONS FOR THE APPLICANT: Give or mail this form directly to your supervisor(s) after you have filled in the bottom of this page. If your present supervisor has been supervising you for less than 6 months, make a copy of this form and provide it to your immediate and past supervisors.

CONFIDENTIAL

Dear Supervisor:

The individual listed below is applying to the Certification Board for Alcohol & Drug Professionals (CBADP) for certification as a Prevention Specialist. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The CBADP believes that your observation will provide a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation, plus those received from the professional references and the data furnished by the applicant, will be used in determining eligibility for certification. The process can only be as good as you and the others make it by careful and truthful reporting.

Please return the completed evaluation DIRECTLY TO:

CBADP
3101 West 41st Street, Suite 205
Sioux Falls, SD 57105

APPLICANT'S NAME: _____ DATE: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE & CREDENTIALS: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY PHONE: _____

PREVENTION SPECIALIST EVALUATION BY SUPERVISOR (Continued)

APPLICANT'S NAME: _____

The following items represent the skills needed by a Prevention Specialist. Evaluate the applicant for their abilities in each area. Mark the rating most descriptive of the individual's demonstrated skills. A rating of 1 or 2 will cause the application to be denied. Use N/O (not observed) ONLY if you have never observed nor have no knowledge of the applicant's skill in that area. Please use the following rating scale:

1 – POOR (Not Minimally Acceptable) 2 - NEEDS IMPROVEMENT (Not Minimally Acceptable)
3 – ACCEPATBLE 4 - GOOD 5 – EXCELLENT

SKILL AREAS	Poor	Excellent	N/O
UNDERSTANDING OF COMMUNITY AND ADDICTION: Has an understanding of the social, political, economical and cultural context within which addiction and substance abuse exist.	1 2	3 4 5	
UNDERSTANDING OF CHOSEN PRACTICE SITE AND ADDICTION: Has an understanding of the risk and resiliency factors of individuals, families, groups and communities.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Is able to describe the philosophies, practices and policies that are generally accepted within scientifically supported models of prevention and intervention.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the importance of needs assessments and outcome data and their general application to the delivery of prevention services.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the value of a systemic approach to prevention.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the need to identify key stakeholders of a community or system in order to effectively catalyze change.	1 2	3 4 5	
APPLICATION TO PRACTICE: Is able to use a variety of prevention strategies for reducing the negative effects of substance use within their practice location and within identified populations.	1 2	3 4 5	
APPLICATION TO PRACTICE: Is able to tailor intervention strategies to meet the needs of a variety of target populations.	1 2	3 4 5	
APPLICATION TO PRACTICE: Can provide prevention services that are culturally appropriate to the target population.	1 2	3 4 5	
APPLICATION TO PRACTICE: Can adapt their skills and practice to a wide range of community settings and modalities.	1 2	3 4 5	
APPLICATION TO PRACTICE: Demonstrates competence in presenting information in groups and community settings.	1 2	3 4 5	
APPLICATION TO PRACTICE: Relates well with other professionals both within the agency and in the greater community to assure comprehensive and quality services.	1 2	3 4 5	
PROFESSIONAL & ETHICAL RESPONSIBILITIES: Follows ethical practice requirements for prevention within the community setting and the need for continual professional development.	1 2	3 4 5	

PREVENTION SPECIALIST EVALUATION BY SUPERVISOR (Continued)

Are you involved in the administration/management of the program at which you are employed?

_____ No.

_____ Yes, limited to supervision of prevention activities.

_____ Yes, clinical aspects (i.e. supervision of chemical dependency professionals and prevention activities).

_____ Yes, limited to administrative responsibilities.

_____ Yes, both ____% clinical and ____ % administrative.

How long have you supervised this applicant? _____

For what period of time, while under your supervision, was the provision of prevention services the major part of this applicant's responsibilities?

From: _____ To: _____

What is the **total number of hours** of work experience accumulated during this time? _____

Comments and/or additional information you feel may be pertinent:

I hereby certify that I have been in a position to observe and have first hand knowledge of the

applicant's work at: _____

(Name of work setting)

_____ I recommend this applicant for certification as a Prevention Specialist

_____ I have some reservations in recommending this applicant.

_____ I do not recommend this applicant for certification as a Prevention Specialist. Ratings of 1 or 2 in the skills areas require a "Do not recommend".

I hereby certify that all of the above information is, to the best of my knowledge, true.

Signature of Supervisor

Date

PROFESSIONAL RECOMMENDATION FORM FOR CPS

Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.

NOTE: ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

PART I - TO BE COMPLETED BY THE APPLICANT

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

Applicant's signature

Date

PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: _____

POSITION/TITLE: _____

BUSINESS ADDRESS: _____

DAYTIME TELEPHONE #: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

IN WHAT CAPACITY: _____

PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

UNDERSTANDING COMMUNITY AND ADDICTION			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
PREVENTION KNOWLEDGE			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
APPLICATION TO PRACTICE			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

Signature

Date

PROFESSIONAL RECOMMENDATION FORM FOR CPS

Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.

NOTE: ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

PART I - TO BE COMPLETED BY THE APPLICANT

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

Applicant's signature

Date

PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: _____

POSITION/TITLE: _____

BUSINESS ADDRESS: _____

DAYTIME TELEPHONE #: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

IN WHAT CAPACITY: _____

PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

UNDERSTANDING COMMUNITY AND ADDICTION			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
PREVENTION KNOWLEDGE			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
APPLICATION TO PRACTICE			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

Signature

Date

PROFESSIONAL RECOMMENDATION FORM FOR CPS

Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.

NOTE: ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

PART I - TO BE COMPLETED BY THE APPLICANT

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

Applicant's signature

Date

PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: _____

POSITION/TITLE: _____

BUSINESS ADDRESS: _____

DAYTIME TELEPHONE #: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

IN WHAT CAPACITY: _____

PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

UNDERSTANDING COMMUNITY AND ADDICTION			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
PREVENTION KNOWLEDGE			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
APPLICATION TO PRACTICE			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

Signature

Date